

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
GALVESTON DIVISION

United States Courts  
Southern District of Texas  
FILED

JUL - 1 2019

David J. Bradley, Clerk of Court

ANTHONY PRESOTT # 2174108

Plaintiff's Name and ID Number

COFFIELD UNIT

Place of Confinement

CASE NO. 3:19-CV-00190  
(Clerk will assign the number)

v.

U.T.M.B., [REDACTED] P.O. BOX 48, SUBSTATION #1  
Defendant's Name and Address GALVESTON, TX 77555

PAM ACE P.O. BOX 48 SUBSTATION #1  
Defendant's Name and Address GALVESTON, TX 77555

ANDRE'S Gilman P.O. BOX 48 SUBSTATION #1  
Defendant's Name and Address GALVESTON, TX 77555  
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND IN FORMA PAUPERIS (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: Nov, 2016
2. Parties to previous lawsuit:  
Plaintiff(s) Anthony Prescott  
Defendant(s) DeWitt County Jail
3. Court: (If federal, name the district; if state, name the county.) EASTERN DISTRICT TEXAS  
SHERMAN DIV.
4. Cause number: 4:16-cv-879
5. Name of judge to whom case was assigned: Magistrate Judge Kimberly C. Priest  
Johnson
6. Disposition: (Was the case dismissed, appealed, still pending?) Still Pending
7. Approximate date of disposition: PLEASE SEE ATTACHED DKT 1 Doc for additional cases

ii. PLACE OF PRESENT CONFINEMENT: Coffield Unit Prison

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Anthony Prescott  
Coffield Unit 2661 F.M. 2054 Tennessee Colony, TX  
75884

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: U.T.M.B., TDCJ MEDICAL SERVICES PROVIDER  
P.O. Box 46, SUBSTATION #1 GALVESTON, TX 77555

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

CREATED, IMPLEMENTED AND CONTINUED THE USE OF POLICY WHICH IS  
DELIBERATELY INDIFFERENT TO PLAINTIFF'S SERIOUS MEDICAL NEEDS

Defendant #2: PAM PAGE MEDICAL PRACTICE MANAGER FOR TDCJ  
P.O. Box 46, SUBSTATION #1, GALVESTON, TX 77555

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

ACQUASED TO CUSTOM OF HARASSMENT, FAILED TO TRAIN AND SUPERVISE, ETC.

Defendant #3: ANDRES GILMAN D.D.S. OTMS  
P.O. Box 46, SUBSTATION #1 GALVESTON, TX 77555

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

SUBJECTING PLAINTIFF TO RACIAL DISCRIMINATION AND FOLLOWED BUREAU'S  
POLICY

Defendant #4: LINDA GARVER U.T.M.B. REGISTERED NURSE  
~~██████████~~ P.O. Box 46 SUBSTATION #1  
~~██████████~~ GALVESTON, TX 77555

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

FAILING TO INTERVIEW AND PREVENT A COURT SUIT AT THE TWO FOREKNOCKED OF.

Defendant #5: DALLAS UNIT WARDEN MICHAEL BUTLER  
59 DALLAS RD. DALLAS, TX 75833

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

ACQUASES IN STATEWIDE POLICY OF SUBJECTING PLAINTIFF TO HARSH  
UNKNOWN SUBSTANCES, FAILED TO ADEQUATELY TRAIN AND SUPERVISE...

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

BETWEEN THE DATES OF JAN. 27, 2016 AND MAY 31, 2019, T.F.M.B. POLICIES WHICH REGULATE WMAHE HEALTH CARE WITHIN THE JAMES BYRD, JR. CORRECTIONAL AND H.H. COFFIELD UNITS OF TEXAS DEPT OF CRIMINAL JUSTICE ANSONOUNTS SUBJECTED PLAINTIFF TO DELIBERATE WITHHOLDING TO HIS IMMEDIATE SERIOUS MEDICAL NEEDS AND RITONE HEALTH EXACTLY. POLICIES INCLUDE THOSE WHICH MINIMIZE MEDICAL EXPENSES BY LIMITING DENTAL AND MEDICAL TREATMENTS TO THOSE WHICH INCUR HIGHER BILLABLE COST. IS A RESULT PLAINTIFFS UNIQUE MEDICAL CIRCUMSTANCES AND DENTAL NEEDS HAS GONE UNTREATED RESULTED IN DIABETIC SYMPTOM AGGRAVATION INCLUDING NEUROPATHY, SIGNIFICANT MUSCULAR SKELETAL PAIN, POTENTIAL VASCULAR SYSTEM DAMAGE AND MORE. PLEASE SEE DKT 1 TO REVIEW ADDITIONAL CLAIMS OF COMPLAINT.

## VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

GRANT PLAINTIFF REQUEST FOR BOTH INJUNCTIVE AND MONETARY RELIEF IN AMOUNT OF 60 MILLION DOLLARS

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Anthony Prescott

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

TDCJ ID # 21741056, COLO Dept of CORR. # N/A

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division):

2. Case number:

3. Approximate date sanctions were imposed:

4. Have the sanctions been lifted or otherwise satisfied? YES NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_
2. Case number: \_\_\_\_\_
3. Approximate date warning was issued: \_\_\_\_\_

Executed on: 6/20/19  
DATE

Wray Prescott  
[Signature]  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 20<sup>th</sup> day of JUNE, 20 19.  
(Day) (month) (year)

Anthony Prescott  
[Signature]  
(Signature of Plaintiff)

**WARNING:** Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.



ADRIAN PRESCOTT  
TDCS # Z174108  
COFFEE UNIT  
2661 F.M. 2054  
TENNESSEE COLONY, TX  
75884

NORTH TEXAS TX PRDC  
DALLAS TX 75201  
27 JUN 2019 PM 2:11



FOREVER / U.S.

U.S. District Court  
Galveston Division  
601 Roseburg St. RM. 411  
Galveston, TX  
77550

U.S.

77550-17381

